PTO/SB/21 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/642,365
Filing Date	August 14, 2003
First Named Inventor	Michael S. H. Chu
Art Unit	3773
Examiner Name	Melissa K. Ryckman
Attorney Docket Number	MIY-P03-024

ENCLOSURES (Check all that apply)						
X Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC		
Fee /	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A		Status Letter		
X Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		Return Receipt Postcard		
Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD				
	issing Parts/ Application	Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name ROPES & GRAY LLP						
Signature	Signature 15					
Printed name	Richard G. Allison		, ,			
Date	May 19, 2008		Reg. No.	60,386		

		ong with any paper referred to as being attached or enclosed ent postage as First Class Mail, in an envelope addressed to	
	, VA 22313-1450.	Signature (whan the hu	
Dated:	5/19/08	Signatura: (MWayn Holy	(Cinduanna Halmas)

MAY 2 2 2008

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction	Act of 1995, no person are requ	red to respond to a com				ib control nu
Effective on 12/08 Fees pursuant to the Consolidated Approp	Complete if Known Application Number 10/642,365					
				13		
FEE TRANSMITTAL		<del> </del>		<del></del>		
For FY 2008		Examiner Name		Michael S. H. Chu Melissa K. Ryckman		
	10770		<u>.</u> .	yckman		
Applicant claims small entity star		Art Unit         3773           Attorney Docket No.         MIY-P03-024				
TOTAL AMOUNT OF PAYMENT	(\$) 420.00	Attorney Docket N	10.	11-1-03-024		
METHOD OF PAYMENT (check	all that apply)					
Check Credit Card	Money Order No	one Other (p	lease identify):			
X Deposit Account Deposit Account		· ·	ccount Name:_		& Gray LLF	·
For the above-identified dep	osit account, the Director i	s hereby authorized	d to: (check	all that apply)		
x Charge fee(s) indicate	d below	Charge	fee(s) indic	ated below, ex	cept for the	filing fee
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayments	of x Credit a	any overpay	ments		
FEE CALCULATION	.10 and 1.17					
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES			<del> </del>		
		ARCH FEES	EXAMINA	TION FEES		
Application Type Foo //	Small Entity	Small Entity	Eag (\$)	Small Entity	Econ Dai	۱۵)
Application Type Fee (s Utility 310			<u>Fee (\$)</u> 210	<u>Fee (\$)</u> 105	Fees Pai	<u>u (ə)</u>
Design 210			130	65		
Plant 210			160	80		
Reissue 310			620	310		
Provisional 210			020	0		
	103 0	U	U	U		
2. EXCESS CLAIM FEES Fee Description						nall Entity Fee (\$)
Each claim over 20 (including Reiss	sues)	•			50	25
Each independent claim over 3 (inc	•				210	105
Multiple dependent claims					370	185
<u>Total Claims</u> Extra Clalms	Fee (\$) Fee	Paid (\$)	Mul	tiple Depende	nt Claims	
49 -43 = 6	x \$50.00 = \$3	00.00	Fee	(\$) <u>F</u>	ee Paid (\$)	
HP = highest number of total claims paid fo	r, if greater than 20.					
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
7 -7= 0	x =					
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)),						
sheets or fraction thereof. See				,,		
Total Sheets Extra Shee	ts Number of each	additional 50 or frac	tion thereof	Fee (\$)	Fee Pa	id (\$)
100 = /50 = (round <b>up</b> to a whole number) x =						
4. OTHER FEE(S)  Non-English Specification \$130 for (no small entity discount)						
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00						
SUBMITTED BY						
Signature	//	Registration No.	60,386	Telephone	(617) 951-7	7282
		(Attorney/Agent)		<u> </u>		
Name (Print/Type) Richard G. Alliso	)			Date	May 19, 2	UU8

I hereby of	certify that this paper	ong with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service o	วท
the date	shown below with suf	ent postage as First Class Mail, in an envelope aptiressed to: Commissioner for Patents, P.O. Box 1450,	
Alexandri	ia, VA 22313-1450.		
		Signature: Crue Stroth Stury (Cindyanne Holmes)	
Dated:	5/19/08	Signature: (Cindyanne Holmes)	

MAY 2 2 2008

PTO/SB/17 (10-07)

May 19, 2008

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/642,365 **Application Number** FEE TRANSMITTAL August 14, 2003 Filing Date First Named Inventor Michael S. H. Chu **For FY 2008 Examiner Name** Melissa K. Ryckman 3773 Applicant claims small entity status. See 37 CFR 1.27 Art Unit MIY-P03-024 TOTAL AMOUNT OF PAYMENT 420.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-1945 Ropes & Gray LLP Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 310 155 510 255 210 105 210 105 100 Design 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 n Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 6 x \$50.00 = \$300.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) \_\_ (round up to a whole number) x /50 = - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 60.386 Telephone (617) 951-7282

I hereby certify that this paper (along wi				
the date shown below with sufficient po-	stage as First Class Mail, ir	n an envelope addressed to:	Commissioner for Patents, P.C.	). Box 1450,
Alexandria, VA 22313-1450.				
	19 118	444		

Dated: 5/19/08

Name (Print/Type)

Signature(\_

Richard G. Allison

(Cindyanne Holmes)

(Attomey/Agent)